2010 Calendar Year



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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

Maine Ethics Commission

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

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LEGISLATOR INFORMATION	
Name Brian Lavyley Mailing address	Office:
Mailing address 1/ South Street	District
City, zip code //	Phone
Ellsworth ME BROS	207 667 0625
PART 1. INCOME DERIVED FROM EMPLOYMENT BY AN	OTHER:
List the name and address of each employer from whom you received compensation of \$1,000 economic activity of each employer.	or more. Specify the principal type of
None	
Name of Employer Address	Principal Type of Economic Activity of Employer
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	valuation and the second
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAV	<u> </u>
A. List the name and address of your business or law firm, if any, and list the major areas of econo derived income. If associated with a partnership, firm, professional association, or similar business activity or practice of that entity.	mic activity or practice from which you entity, list the major areas of economic
None	
Name and Address of Business Entity or Law Firm Major Areas of Economic Activity/ Law Practice (self)	Major Areas of Economic Activity/ Law Practice (partnership, association, firm or similar business entity)
Name: Union River Loboten Pot Retail	Retail
Address: & South Street Restaurant	Restaurant
Name: Kayeless LLC	
Address: & South Steert Propaties	

PART 2 (continued). INCOME DERIVED FROM SE	ELF-EMPLOYMENT
B. List each source of income derived from self-employment or law practice that re \$1,000, whichever is greater, and specify the principal type of economic activity of tincome. If this form of disclosure is prohibited by law, rule, or an established code of p economic activity of the entity or person from whom the income was derived.	the entity or nerson from whom you derived and
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	· · · · · ·
Name:	
Address:	
PART 3. OTHER SOURCES OF INC	OME .
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do no box.	ot include gifts or honoraria. If none, check the
None	:
Name and Address of Source	Kind of Income
Name: MD4 P.S	(investments, leases, etc.)
Name: MPES Address: AUGUSTA MG	Reterenat
Aubusta 194	
Name: Address:	§ .
Address.	
Name:	
Address:	
PART 4. REPORTABLE LIABILITIE	ES .
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you receive areas of economic activity of each creditor. Do not list credit card liabilities, educational loads regulated financial institutions. If none, check the box.	ed during the reporting period, and list the major pans, loans from a relative, or business loans from
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	,
Address:	
Name:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Address:	
PART 5. REPORTABLE GIFTS	
ist the specific source of gifts received during the reporting period with an aggregate value	e of more than \$300. If none, check the box.
None None	
Name of Source of Gift 3.	Name of Source of Gift
. 4.	
4.	

PART 6 - I	REPORTABLE HON	ADADIA	
List the source of any honoraria accepted for appearances		er transfer to the contract of	
None	OI SPECONES. II IIC.I.O., C	Meck the Dox.	. All the big of the big of the second state o
Name of Source of Honoraria	ta Differential and definite fuenciases recipies management of a post of a p	Name of Source of H	
1.	. 3.		OUOISIA
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2.	4.	MENONING (AMANA) NICES AND	
	•	-	
PART 7. REPRESEN	NTATION REFORES	PTATE ACENOICS	
List each executive branch agency before which you repre	<u> er </u>		
box.	Seried of assisted out	as for compensation or any a	imount. It none, check the
None	Name and the state of the state	78-laininkaurritatalaitatailigunjajajajajajajajajainkaustanut tautatatus kundidilineikkunnataan kundidilineik	TTORAGE AND A COMMAND STORAGE AND
Name of Agency		Name of Agend	esserver and the second
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PADT & RIISI	NESS WITH STATE	ACENOICO	
List each executive branch agency to which you or a memi			
\$1,000 during the reporting period. Indicate whether you or	a family member sold th	family sold goods or services ne goods or services. If none	with a value in excess of , check the box.
None	RECAIN.		Metabolischer der der der der der der der der der d
Name of Agency		Name of Agenc	
1.	3.		
	mendonomente de la companya del companya de la companya del companya de la compan	A STATE OF THE PARTY OF THE PAR	
2.	4.		
PART 9. INCOME RECEIVE	ED BY MEMBERS O	F IMMEDIATE FAMILY	
List the type of economic activity representing each source	of income of \$1,000 or	more received by your spou	se or domestic nartner or
dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only	d of income represente:	d. If your shouse or domestic	narther received income
not include gifts.	the job title of depende	int chilaren who received inco	me of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title	Type of Econo Representing Sou	mic Activity	
The state of the s	Receiv	ved	Kind of Income
	1. 11. Al	1 1/2/	tipend
Name: Jane hangley	1. Ellsweth	1. J	ti pegali
lob Title:	3.	3.	
	:		
Dependent Child(ren) - Job Titles Only			
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ob Title:	C MART & THE CONTROL OF THE PROPERTY AND A STATE OF THE CONTROL OF		i
ob Title:	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
ob Title:	INCUIDED COMMANDE COM	THE CONTRACT OF THE CONTRACT O	
on ime.			

3	PART 10. OFFICE	ER OR DIRECTOR	POSITIONS		
I held any office,	offt or nonprofit corporation, firm, association, pa trusteeship, directorship, or position of any na ensated. If a family member listed, indicate you	artnership or business ture. Indicate whether	in which you or a m	d the position and v	nediate family whether the posi-
None		менен маническом ом эм эм эр 1950 (ум) менен	irealis—ko n Монто нешерино посказа върхания основарава се обще	n et 1994 des Martines de la compansión de	annen ar en la proposition de la company de la company L
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	s Compen- sated?
America	ia Culinar Federation	Tregues	Select	BRIAN LANGLEY	Select
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		SIGNATURE			
A Legislator wh	no willfully fails to file a required statement		of up to \$100 (1	MPSA 81017	
		,			
	Signature	-	2/1/	// // Date	
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